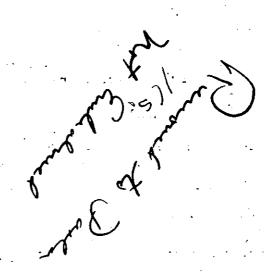
THE DIVISION OF HEALTH OF MISSOURI i. Health, TILED DEC 11 1957 STANDARD CERTIFICATE OF DEATH & Welfare STATE FILE NUMBER . Public Primary Registration District No. 1002 Registration District No. h Service 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before PLACE OF DEATH b. COUNTY a. COUNTY Jackson a. STATE 5, 300 Kansas /. 1–57 O b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits c. CITY Inside Limits OR Kansas City Yes 🗌 No 🦳 Yes No TOWN TOWN Fontana c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b STREET (If outside, give location) Reside on Form HOSPITAL OR **ADDRESS** Trinity Lutheran Yes No INSTITUTION 4 days 3. NAME OF DECEASED Middle 4. DATE First Last Month Year (Type or print) LUCY LINDSEY DEATH November 21. 1957 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yours FUNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Female White 7-19-1889 WIDOWED X → DIVORCED 1). BIRTHPLACE (City and state or country). 10a. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY during most of working life, even if retired) Fontana, Kansas None 13g. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE James Stoddard No Record Deceased 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give war or dates of service) James Lindsey Kansas Fontana. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (b).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a). stating the underlying cause lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PERFORMED? YES NO 20a. ACCIDENT "SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART11 of item 18.) 20c. TIME OF Month, Day, Year . Hour INJURY 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20d. INJURY OCCURRED WHILE AT ___ NOT WHILE farm, factory, street, office bldg., etc.) and last kaw her alive on elker 21. I attended the deceased from $m{Q}$ m on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at 22c. DATE SIGNED 22a. *SIGNATURE 11-21-51 23d. LOCATION (City, town, or county)-23b. DATE (State) ſΔ 230. BURIAL, CREMATION. Fontana, Kansas 26. REGISTRAR'S SIGNATURE. AL DIRECTOR (Licensed Embalmer's Statement on Reverse Side)



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body	whose name is rec	orded on the reve	erse side of this certificate was embalmed
by me, or by			, Student Embalmer No.
working under my personal supervis	ion.		
Student		Signed	
Signature of Student Emb	almer		**
	• • • • • • • • • • • • • • • • • • • •		Licensed Embalmer No
\$	••		P. O. Address

Note: The above MUST-BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.